



# Washington State Health Care Authority

Operational webinar series:

## Submit an Institutional Claim with Primary Insurance other than Medicare

- Copy of this presentation located at <http://www.dshs.wa.gov/pdf/provider/Webinar/SubmitInstitutionalclaimwithPrimaryIns.pdf>

- Links to all resources located throughout the presentation



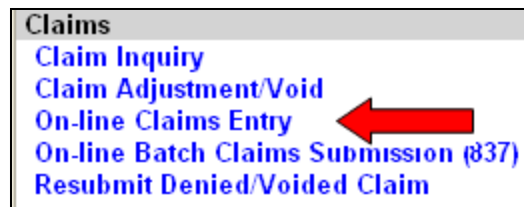
After this Webinar, you can:

- Create and Submit TPL secondary claims DDE
  - With BU
  - Without BU
- Submit TPL secondary claims electronically
  - Without BU
- Bill XO, TPL on same claim
- No information about pharmacy claims is discussed in this webinar



# • To use ProviderOne Direct Data Entry (DDE):

- Log into ProviderOne (<https://www.waproviderone.org/> )
- Use profile "EXT Provider Claims Submitter" or "EXT Provider Super User" or EXT Eligibility Checker/Claims Submitter
- At your Provider Portal (homepage)
  - **Scroll down to "Claims"**
  - **Click on "On-line Claims Entry"**



# • Now pick the type of claim you are submitting

Choose an Option.	
<a href="#">Submit Professional</a>	Submit Professional
<a href="#">Submit Institutional</a>	Submit Institutional
<a href="#">Submit Dental</a>	Submit Dental



- Submitting the Institutional Claim
  - Providers that use the UB-04 Claim Form



## DDE CLAIM-INSTITUTIONAL

- For this part of the webinar we assume you are logged in and choose to submit an Institutional claim (see slide 8)
- All claims submissions require new identifiers
  - NPI and Taxonomy

**PROVIDER INFORMATION**

Go to [Other Claim Info](#) to enter information for Referring, Purchasing, Supervising and other providers.

**BILLING PROVIDER**

\* Provider NPI:  \* Taxonomy Code:

? \* Is the Billing Provider also the Rendering Provider? ☐ Yes ☐ No

? \* Is this service the result of a referral? ☐ Yes ☐ No

- ProviderOne Client ID Number
  - Along with Gender and Date of Birth

**SUBSCRIBER/CLIENT INFORMATION**

**SUBSCRIBER/CLIENT**

\* Client ID:

☐ **Additional Subscriber/Client Information**


\* Org/Last Name:  First Name:








\* Date of Birth:  mm  dd  ccyy \* Gender:

Date of Death:  mm  dd  ccyy Patient Weight:  lbs

Patient is pregnant: ☐ Yes ☐ No




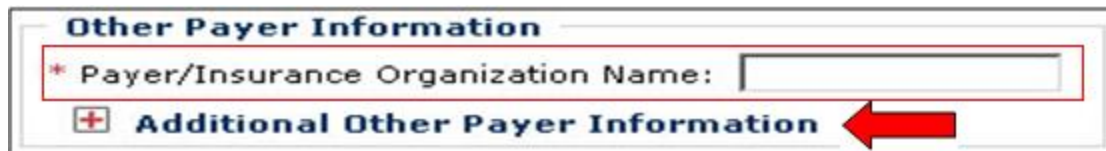
- Fill in all the claim data until you come to the “Other Insurance Information” block
  - Remember Medicare is not commercial insurance!
- Click the  to open the “Other Insurance Information” block

	CONDITION INFORMATION
	OCCURRENCE INFORMATION
	OCCURRENCE SPAN INFORMATION
	VALUE INFORMATION
	OTHER INSURANCE INFORMATION 
	PRIOR AUTHORIZATION







- Click the  to open the "1 Other Payer Insurance Information" block
- Fill in the following
  - Add the name of the Insurance Company



**Other Payer Information**

\* Payer/Insurance Organization Name:

 **Additional Other Payer Information** 



- In the “Additional Other Payer Information” section fill in the following:
  - ID
  - ID Type
  - Claim Check or RA Date

☐ OTHER INSURANCE INFORMATION

☐ 1 OTHER PAYER INSURANCE INFORMATION

\* Payer/Insurance Organization Name:

☐ Additional Other Payer Information

\* ID:  \* ID Type:

Address Line 1:  Address Line 2:

City:  State:

Zip Code:  Country:

Claim Check or Remittance Date:  mm  dd  ccyy

Number Type:  PA/Referral No.:

Payer Claim Adjustment: ☐ Yes ☐ No

☐ Secondary ID Information





- In the “Additional Other Payer Information” what is the “ID” number for the insurance Co?

Use the:


- Insurance Carrier code found on the client eligibility screen or

Coordination of Benefits Information

Service Type Code ▲ ▼	Insurance Type Code ▲ ▼	Insurance Co. Name & Contact ▲ ▼	Carrier Code ▲ ▼	Policy Holder Name ▲ ▼	Policy Number ▲ ▼	Group Number ▲ ▼	Plan Sponsor ▲ ▼	Start Date ▲ ▼	End Date ▲ □
30: Health Benefit Plan Coverage	C1: Commercial	PREMERA BLUE CROSS/BCBS OF AK (800) 345-6784	BC01	SUPER MAN	100883158			03/01/2007	12/31/2999


- Insurance payer number (Medicaid payer number is 77045) or
- Insurance other ID number<sup>9</sup>



- Click on the  and open the “COB Monetary Amounts” expander
  - Enter the amount paid by the Insurance Company

☐ **COB Monetary Amounts**

COB Payer Paid Amount:

 **Additional COB Monetary Amounts**



## DDE CLAIM-INSTITUTIONAL

### + Additional Other Payer Information

Claim Check or  
Remittance Date:  mm  dd  ccyy

Number Type:  PA/Referral No.:

Payer Claim  
Adjustment: ☐ Yes ☐ No

### + Secondary ID Information

### + COB Monetary Amounts

### + Other Subscriber Information

### + Other Insurance Coverage

### + Medicare Inpatient Adjudication Information

### + Medicare Outpatient Adjudication Information

### + Secondary ID Information

### + CLAIM LEVEL ADJUSTMENTS

### + OTHER PAYER OPERATING PROVIDER




CLAIM LEVEL ADJUSTMENTS				
1 *	Group Code : <input type="text"/>	* Reason Code : <input type="text"/>	* Amount : <input type="text"/>	Quantity : <input type="text"/>
2	Group Code : <input type="text"/>	Reason Code : <input type="text"/>	Amount : <input type="text"/>	Quantity : <input type="text"/>
3	Group Code : <input type="text"/>	Reason Code : <input type="text"/>	Amount : <input type="text"/>	Quantity : <input type="text"/>
4	Group Code : <input type="text"/>	Reason Code : <input type="text"/>	Amount : <input type="text"/>	Quantity : <input type="text"/>
5	Group Code : <input type="text"/>	Reason Code : <input type="text"/>	Amount : <input type="text"/>	Quantity : <input type="text"/>

Enter the following  
information:

Claim  
Adjustment  
Group Code  
Reason Code  
number  
Amount



- You now need to add a Billing Note

<input type="checkbox"/>	DIAGNOSIS INFORMATION
<input type="checkbox"/>	PROCEDURE INFORMATION
<input type="checkbox"/>	ATTENDING PHYSICIAN INFORMATION
<input type="checkbox"/>	OTHER PHYSICIAN INFORMATION
<input type="checkbox"/>	BILLING NOTE 

- Click the ☐ and open the "Billing Note"
  - Type Code will be "ADD-Additional Information"
  - The Note entered MUST say "Electronic TPL"

<input type="checkbox"/> BILLING NOTE	
* Type Code:	<input type="text" value="ADD-Additional Information"/>
* Note:	<input type="text" value="Electronic TPL"/>
characters remaining: <input type="text" value="66"/>	



- Fill in the service line information

**SERVICE LINE ITEM INFORMATION**

Click on the Other Svc Info link associated with each added Service Line Item to enter line item information other than that displayed on this page.

**Service Line Items**

\* Revenue Code:

Procedure Code:  Modifiers: 1:  2:  3:  4:

Service Date/First Date of Service: mm dd ccyy

Last Date of Service: mm dd ccyy

\* Service Units:

\* Total Line Charges: \$  Non-covered Line Charges: \$

Line Item Control Number:

☐ **Medicare Crossover Items**

National Drug Code:

☐ **Drug Identification**

☐ **Additional Service Line Information**

**Previously Entered Line Item Information**


Click a Line No. below to view/update that Line Item Information.

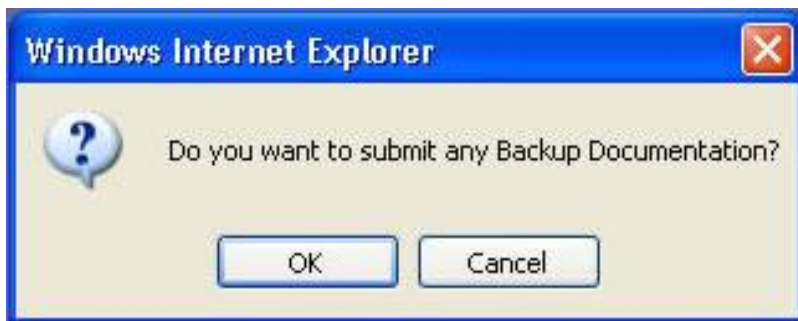
Line No	Rev. Code	Proc. Code	Modifiers				Service Dates		Units	Charges	Non-covered Charges
			1	2	3	4	From	To			

- Then add the service line so it is displayed
- Finish entering all the service lines



#### DDE CLAIM-INSTITUTIONAL

- Click on the  button and submit your claim
- ProviderOne should display this prompt (turn off your pop up blocker!)



- Click on the “Cancel” button
- If you have entered all the insurance information you DO NOT have to send the insurance EOB with the claim





- ProviderOne now displays the "Submitted Institutional Claim Details" screen
- Click on the "OK" button to finish submitting the claim

Submitted Institutional Claim Details

TCN: 200925500000001000  
Provider NPI: 5522336671  
Client ID: 198333777WA  
Date of Service: 9/9/2009 0:0:0-9/11/2009 0:0:0  
Total Claim Charge: 2514.69

Please click "Add Attachment" button, to attach the documents.
Add Attachment

Attachment List:

	Line No	File Name	Attachment Type	Transmission Code	Attachment Control	File Size	Delete	Uploaded On
<input type="checkbox"/>								

No Records Found !

Print
Print Cover Page
Ok

**WARNING: You must click the OK button to complete the claims submission.**






# Submitting the Institutional DDE secondary TPL Claim with the EOB

- Log into ProviderOne as illustrated on slide 8



- Fill in all the claim data until you come to the “Other Insurance Information” block

<input type="checkbox"/>	CONDITION INFORMATION
<input type="checkbox"/>	OCCURRENCE INFORMATION
<input type="checkbox"/>	OCCURRENCE SPAN INFORMATION
<input type="checkbox"/>	VALUE INFORMATION
<input type="checkbox"/>	OTHER INSURANCE INFORMATION
<input type="checkbox"/>	PRIOR AUTHORIZATION



- Remember Medicare is not commercial insurance!
- Click the ☐ to open the “Other Insurance Information” block



- Fill in the following
  - Add the name of the Insurance Company

**Other Payer Information**

\* Payer/Insurance Organization Name:

☐ **Additional Other Payer Information**

- Click the ☐ to open the “Additional Other Payer Information” block



- In the “Additional Other Payer Information” section fill in the following:
  - ID
  - ID Type
  - Insurance process date

☐ OTHER INSURANCE INFORMATION

☐ 1 OTHER PAYER INSURANCE INFORMATION

\* Payer/Insurance Organization Name:

☐ Additional Other Payer Information

\* ID:  \* ID Type:

Address Line 1:  Address Line 2:

City:  State:

Zip Code:  Country:

Claim Check or Remittance Date:

Number Type:  PA/Referral No.:

Payer Claim Adjustment: ☐ Yes ☐ No

☒ Secondary ID Information



- In the “Additional Other Payer Information” what is the “ID” number for the insurance Co?

Use the:

- Insurance Carrier code found on the client eligibility screen or


Coordination of Benefits Information

Service Type Code ▲ ▼	Insurance Type Code ▲ ▼	Insurance Co. Name & Contact ▲ ▼	Carrier Code ▲ ▼	Policy Holder Name ▲ ▼	Policy Number ▲ ▼	Group Number ▲ ▼	Plan Sponsor ▲ ▼	Start Date ▲ ▼	End Date ▲ □
30: Health Benefit Plan Coverage	C1: Commercial	PREMERA BLUE CROSS/BCBS OF AK (800) 345-6784	BC01	SUPER MAN	100883158			03/01/2007	12/31/2999

- Insurance payer number (DSHS payer number is 77045) or
- Insurance other ID number





- Click on the  and open the “COB Monetary Amounts” expander
  - Enter the amount paid by the Insurance Company


☐ **COB Monetary Amounts**

COB Payer Paid Amount:

☒ **Additional COB Monetary Amounts**



- You now need to add a Billing Note

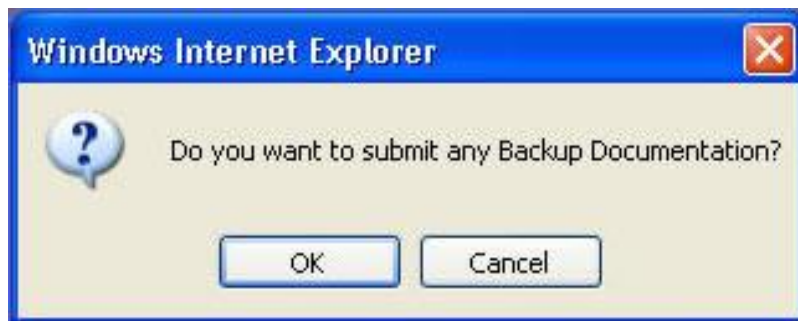
<input type="checkbox"/>	DIAGNOSIS INFORMATION
<input type="checkbox"/>	PROCEDURE INFORMATION
<input type="checkbox"/>	ATTENDING PHYSICIAN INFORMATION
<input type="checkbox"/>	OTHER PHYSICIAN INFORMATION
<input type="checkbox"/>	BILLING NOTE 

- Click the ☐ and open the "Billing Note"
  - Type Code will be "TPO-Third Party Organization Notes"
  - Add the Note "Sending Insurance EOB"

<input type="checkbox"/> BILLING NOTE	
* Type Code:	<input type="text" value="TPO-Third Party Organization Notes"/>
* Note:	<input type="text" value="Sending Insurance EOB"/>
characters remaining: <input type="text" value="59"/>	



- Fill in the rest of the claim information
- Click on the  button and submit your claim
- ProviderOne should display this prompt (turn off your pop up blocker!)
  - Click “OK” to submit BU



- ProviderOne displays the Claims Backup Documentation form



- The Claims Backup Documentation form

Windows Internet Explorer

?

Please select one of the options from the Required Fields \* and select Line No, if the attachment is for a specific Service Line item.

Attachment Type: [dropdown] \*

Transmission Code: [dropdown] \*

Line No: [dropdown] \*

Please attach the File(s). The File Format must be PDF, DOC, TIF, XLS:

Filename: [text input] Browse... \*

OK Cancel

- Pick a Transmission Code (BM: By Mail) or
- FX: By Fax or
- If EL-Electronic Only or Electronic file, browse to find the file name
- Click the "OK" button



## DDE CLAIM-INSTITUTIONAL

- If you are sending the paper EOB with this claim

Claims Submission Final Dialog - Windows Internet Explorer

Submitted Institutional Claim Details

TCN: 200925500000001000  
 Provider NPI: 5522336671  
 Client ID: 198333777WA  
 Date of Service: 9/9/2009 0:0:0-9/9/2009 0:0:0  
 Total Claim Charge: 1159

Please click "Add Attachment" button, to attach the documents. [Add Attachment](#)

Attachment List:

<input type="checkbox"/>	Line No ▲ ▼	File Name ▲ ▼	Attachment Type ▲ ▼	Transmission Code □ ▼	Attachment Control ▲ ▼	File Size ▲ ▼	Delete ▲ ▼	Uploaded On ▲ ▼
<input type="checkbox"/>	1	ShowAttachmentServlet.xls	application/vnd.ms-excel	EL		23kb	X	09/01/2009
<input type="checkbox"/>	2	BM		BM		0kb	X	09/01/2009

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Print Print Cover Page Ok

- At the Submitted Institutional Claim Details page click on the "Print Cover Page" button




- You can now type in the requested information to fill out the cover sheet


**ProviderOne**  
ECB Attachment Submission Cover Sheet

Identifier Type


ID




Claim Number



Date of Service



Client ID







- Print the cover sheet and mail to:
  - Division of Eligibility and Service Delivery  
RE: Cover Sheets and Back-up  
Documentation  
PO Box 45535  
Olympia, WA 98504-5560
  - Or fax 1-866-668-1214 (fax)

DO NOT use previously saved cover pages, each page has a bar coding unique to the current claim



## DDE CLAIM-INSTITUTIONAL

- All you need to do now is push the "OK" button to submit your claim

Claims Submission Final Dialog - Windows Internet Explorer

Submitted Institutional Claim Details

TCN: 200925500000001000  
 Provider NPI: 5522336671  
 Client ID: 198333777WA  
 Date of Service: 9/9/2009 0:0:0-9/9/2009 0:0:0  
 Total Claim Charge: 1159

Please click "Add Attachment" button, to attach the documents. Add Attachment


Attachment List:

<input type="checkbox"/>	Line No ▲ ▼	File Name ▲ ▼	Attachment Type ▲ ▼	Transmission Code □ ▼	Attachment Control ▲ ▼	File Size ▲ ▼	Delete ▲ ▼	Uploaded On ▲ ▼
<input type="checkbox"/>	1	ShowAttachmentServelt.xls	application/vnd.ms-excel	EL		23kb	X	09/01/2009
<input type="checkbox"/>	2	BM		BM		0kb	X	09/01/2009

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Print Print Cover Page **Ok**

**WARNING: You must click the OK button to complete the claims submission.**





# Batch Secondary Electronic Billing

- The Department is accepting secondary electronic claim billing through a clearinghouse batch or a self submitted HIPAA claim batch.
- Follow the HIPAA companion guides to submit primary payer insurance information:
  - Find at <http://hrsa.dshs.wa.gov/dshshipaa/>
  - 837 Professional (Pages 40-45; 52-53)
  - 837 Institutional (Pages 80-84; 90-91)
  - 837 Dental (Pages 112-116; 122-123)
- Add the required comment “Electronic TPL” in Loop 2300 NTE Segment
- Add the required Adjustment Reason Code information (Loop information located on the above pages)



## Bill Cross Over, TPL on same claim

- Bill an XO claim on ProviderOne DDE then add supplemental insurance information on the same claim
- On the Institutional DDE claim screen answer "Yes" to the question if Medicare is Primary

? Is this a Medicare Crossover Claim? ☒ Yes ☐ No

- Then fill in the Medicare payment information

Medicare Cross Over Items			
Medicare Days Covered:	<input type="text"/>		
* Amount Paid by Medicare: \$	<input type="text"/>	* Medicare's Inpatient Deductible: \$	<input type="text"/>
* Medicare Co-insurance: \$	<input type="text"/>	* Medicare Allowed Amount: \$	<input type="text"/>
* Medicare Adjudication Date:	mm	dd	ccyy
	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Complete the commercial insurance information screens as discussed earlier in the presentation
- No Medicare EOB is required with this claim



# New Automated Intake Process

- Incoming paper back up documents can be automatically scanned and loaded into ProviderOne when:
  - The ProviderOne generated cover sheet is filled out and printed each time a DDE claim is submitted
  - Attach the EOB/documents behind the cover sheet
  - Mail or Fax to
    - **Eligibility & Service Delivery**
    - **RE: Cover Sheets and BU Documentation**
    - **PO BOX 45535**
    - **Olympia, WA 98504-5560**
    - **1-866-668-1214 (fax)**
- Properly filled out cover sheets quickly pass through the new scanning process

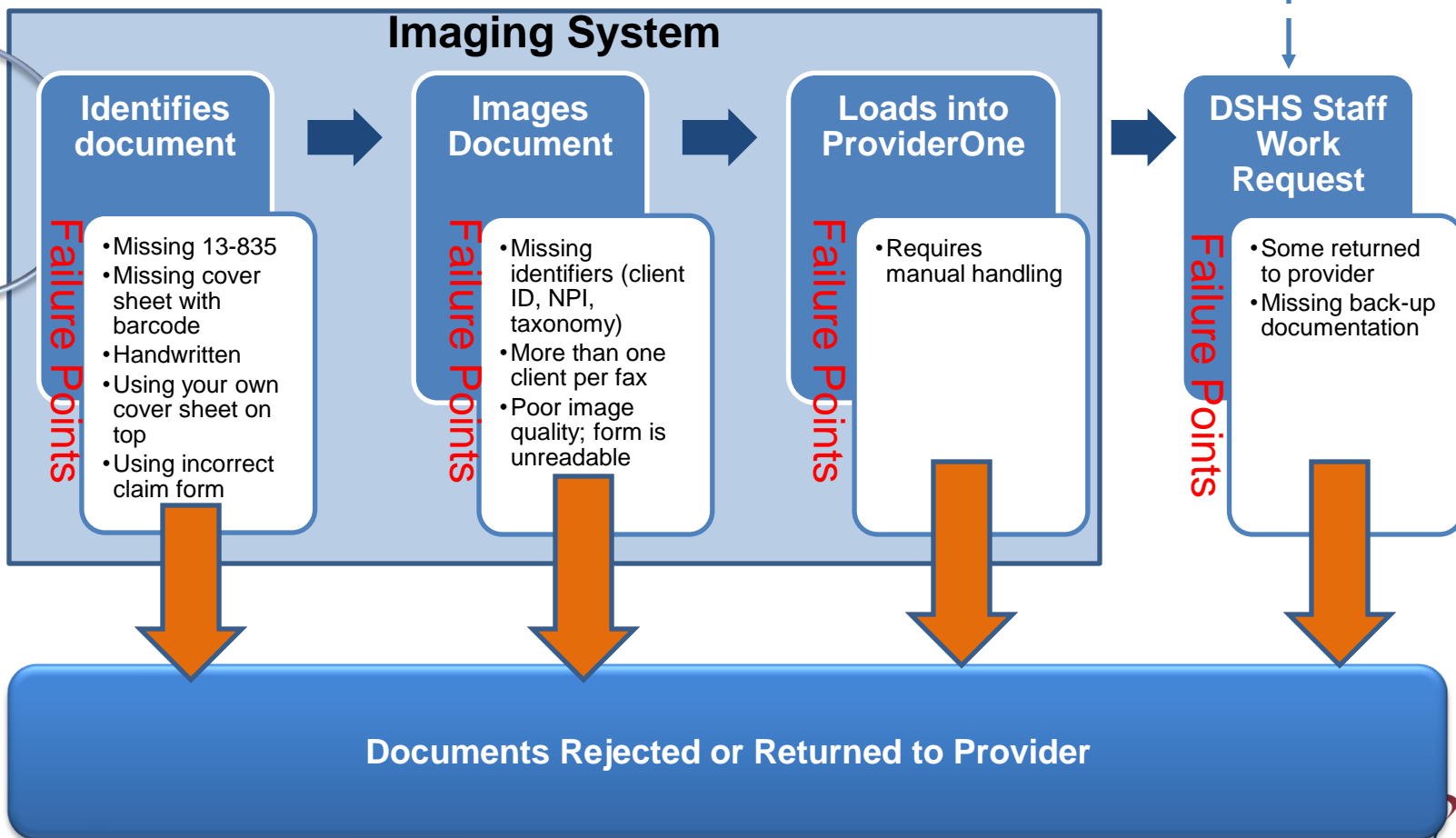


X-Rays,  
Photos,  
CDs and  
other "Non-  
Scannable"  
Documents

**FAX**  
Auto Load  
into  
Imaging  
System

**PAPER**  
Typed  
Documents  
Manually  
Processed  
into  
Imaging  
System

# ProviderOne Paper and Fax Intake Process







# Reference Guides

## General Information about Medicaid

- Summarized in the new ProviderOne Billing and Resource Guide

[http://hrsa.dshs.wa.gov/download/ProviderOne Billing and Resource Guide.  
html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html)

- See the new Provider Training web site for links to recorded Webinars, E-Learning, and Manuals

<http://www.dshs.wa.gov/provider/training.shtml>



## Ending the Webinar

- To close the webinar
  - Click the X button in the control panel